

## SAMPLE FORM

**A copy of this Request must be submitted to the transcript company.**

Name of Attorney \_\_\_\_\_

Bar # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

e-mail address \_\_\_\_\_

### UNITED STATES BANKRUPTCY COURT

### DISTRICT OF NEVADA

\* \* \* \* \*

In re:	)	
	)	Bankruptcy No.:
	)	Chapter
Debtor	)	
	)	Adv. No.:
	)	REQUEST FOR REDACTION
Plaintiff	)	
vs	)	Hearing Date: NA
	)	Hearing Time: NA
Defendant	)	

Pursuant to the court's Notice on Policy and Procedure Regarding Electronic Availability of Transcripts, \_\_\_\_\_ hereby files the following list of items to be redacted from the transcript listed below:

Docket # of Transcript	Page #	Line #	Type of Identifier	Identifier should be redacted to read:
30	13	5	social security #	xxx-xx-1111
30	7	10	taxpayer identification #	xxxxxxx1234
30	27	16	financial account #	xxxx-xxxxxx5432
30	4	2	minor's name	A.B.
30	2	9	date of birth	xx/xx/1959

The undersigned understands that redactions other than the personal identifiers listed in the Policy requires a separate motion for additional redactions to be filed within 21 calendar days of the filing of the transcript, and requires court approval.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature